

**Introduction** The proportion of international medical graduates (IMGs) in Ireland has increased from 13.4% in 2000 to over 33% in 2010. Many of their countries of origin have different cultures, expectations of the doctor–patient relationship and communication styles than Ireland. These differences can adversely impact on the quality of care provided by IMGs. There is a lack of research on the impact of cultural differences on communication in the Irish context.

**Methods** Semi-structured interviews were conducted with 16 IMGs in Drogheda Department of Psychiatry. Transcripts were analysed using nVivo10, a specialised computer programme for conducting qualitative analysis and analysed thematically.

**Results** General themes emerged relating to IMG experience of cultural differences in medicine and psychiatry and cultural differences in communication. IMGs did not find their proficiency in English to be a barrier to communication but did find accents, culture-specific sayings and non-verbal cues to be challenging. Differences in doctors' status relative to patients and different expectations of the doctor–patient relationship were challenging and, at times, frustrating and annoying. It was generally recognised that training in cross-cultural communication skills would be beneficial to new IMGs although a small minority recognised no such issues. Significant differences in attitude to patient confidentiality in Ireland versus the country of origin were identified.

**Conclusions** Consideration should be given to providing specific cross-cultural communication skills training for all IMGs training in Ireland focusing not just on verbal and non-verbal communication but also differences in the doctor–patient relationship, patient and relative expectations and medical confidentiality requirements.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1502

### European Federation of Psychiatric Trainees Exchange: Benefits to trainees and organisations

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**Introduction** During my time in Gothenburg, I have spent my first week with the team on the emergency inpatient ward. During my second week in Sweden, I have visited inpatient assessment unit where in depth psychological and psychiatric evaluations can be conducted. My final day was spent in a secure state institution providing accommodation and care to young people at risk of absconding or presenting with challenging behaviours.

**What did I learn** Through the participation in the program I was able to gain first-hand experience of different models of healthcare delivery and I intend to implement some of the positive ideas into the services in the UK. Similarly, I hope that the host organisation may benefit from hearing how care is provided in the UK.

During my trip to Sweden, it was the first time I had an opportunity to deliver a presentation to an international audience. This highlighted new challenges such as language barrier and lack of familiarity with jargon, systems and practices that we take for granted within the NHS. I have learnt from the experience and I have now a better idea how to improve my presentations in the future. I have gained a lot of confidence in my presentation skills by speaking in front of a large audience of clinicians that I have not met before.

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## EV1503

### A quality improvement project focused on assessment of risk level of outpatient psychiatry patients

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Since the implementation of the Clinical Learning Environment Review by the Accreditation Council for Graduate Medical Education, there has been an emphasis on training residents in health care quality as well as patient safety. As such, psychiatry residency training programs have had to incorporate quality improvement (QI) projects into their training. We developed a QI curriculum, which not only included resident and faculty participation, but also encouraged other staff in our department to focus on patient safety as well as improving their performance and the quality of care provided to the patients.

In this poster, we present the development of our curriculum and will include a successful QI project to highlight this. This project focused on creating an algorithm to help assign patient risk level, which is based on evidence based risk factors. This project was created due to a survey conducted in our clinic which demonstrated that clinicians, and in residency training in particular, identifying and managing high risk patients can be anxiety provoking for trainees. We will present the specifics of this QI project, and additionally outline the steps that were taken to develop and integrate the QI project into clinical practice.

**Objectives** (1) Learn how to successfully incorporate a QI project and curriculum into a psychiatry residency training program.

(2) Understand both resident and faculty perspectives on what resources facilitated participation in QI.

(3) Present the development of a quality improvement project focused on risk assessment of outpatient psychiatric patients.

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## e-Poster viewing: Women, gender and mental health

## EV1504

### The effect of vitamin B1 on the change of appetite related to premenstrual syndrome in young women

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**Introduction** Many women in the premenstrual period may be faced with physical and psychological changes that restricted the acceptance of the responsibility of daily living, jobs and reduced quality of life outdoors. One of these mental disorders is the changes in appetite. Preventing the initiation is the first step in reducing premenstrual syndrome, is very important. Vitamin B1 (Thiamin) may reduce symptoms of PMS through affecting the performance of coenzymes in the metabolism of carbohydrates.

**Objectives** This study was conducted to determine the effect of vitamin B1 on the change of appetite related to PMS.

**Methods** In this double-blind placebo-controlled clinical trial, 100 students with PMS residing at dormitories of Jahrom University were divided randomly into two groups, vitamin B1 and placebo. The severity of mental symptoms specially change in appetite and